who present with urinary retention and may be the ideal surgical treatment modality for this subgroup.

1031: REVIEW OF UROLITHIASIS INVESTIGATION & MANAGEMENT PROTOCOLS AT RURAL DGH; USING IVU AS AN INITIAL RADIOLOGICAL INVESTIGATION

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Introduction: Review local practice for investigating cases with suspected urolithiasis using IVU.

Methods: Prospective collection of data (April-Aug) 2013.

Results: Total of 50 patients median age 53.3 years (22-85), 70% males (35) and 30% females (15). 66% (33) had urolithiasis previously. 96% (48) had X-Ray KUB, 72 %(36) had IVU and 46% (23) had NCCT. Only 22% (11) had NCCT as initial radiological investigation overall. Of the 23 patients who had NCCT, 52.17 %(12), it was preceded by IVU on same admission. 33% of patients who had IVU initially required additional NCCT. 50% of patients who had NCCT had a potentially avoidable IVU, if they have had NCCT initially.

Conclusions: If all patients had NCCT as the only investigative modality. They would have avoided potential extra radiation exposure in 96% of X-ray KUB, and 72% of IVU to reach diagnosis. NCCT is more effective than IVU with sensitivity (94-97%) and specificity (92-100%) compared with (51-87%) sensitivity and (92-100%) specificity; accordingly. The current evidence supports the NCCT as gold standard for investigating suspected urolithiasis cases. This audit has resulted in change of local protocols in the form of using NCCT for all suspected acute urolithiasis cases.

1042: IMPACT OF PCNL TECHNIQUE ON PATIENT SATISFACTION AND COMPARISON WITH URETERO-RENOSCOPY FOR RENAL STONES

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Introduction: Percutaneous nephrolithotomy (PCNL) is considered more morbid than flexible ureteroscopy (FURS) but PCNL has evolved with the advent of minipercs and tubeless techniques. Both procedures were evaluated for post-operative pain & time to recovery.

Methods: 17 patients having 24Fr tubeless PCNL, 26 having flexible uretero-renoscopy (FURS) and 16 had tubed 30Fr PCNL. Post-operative pain and duration were assessed using Visual analogue Score (VAS). The total analgesic consumption and time to normal activities were measured.

Results: 60% of 24Fr PCNL patients had no pain following surgery compared to 40% after FURS. 97% of 30Fr PCNL had pain. Mean VAS and duration of pain were lower for 24Fr PCNL compared to FURS but higher for 30Fr PCNL. Analgesic requirements in 24Fr PCNL compared to FURS patients was less for opioid but more for NSAIDs. 30Fr PCNL had higher analgesia mainly opioid. Mean time to return to normal activities was longer in 24Fr PCNL compared to FURS and longest for 30Fr PCNL.

Conclusions: The use of smaller sheaths and tubeless techniques in PCNL is as well tolerated, or even better tolerated than FURS with reduced post-operative stay, less analgesia and quicker return to normal activity.

1067: NOVEL USE OF AIR IN THULIUM AND HOLMIUM LASER ABLATION OF BLADDER TRANSITIONAL CELL CARCINOMA

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Introduction: Holmium and Thulium LASER ablation of superficial bladder tumours using 0.9%NaCl for cystodistension is well established. This study aims to evaluate the efficacy of these LASERs using air for cystodistension.

Methods: 20 patients with muscle invasive, non-operable bladder TCC, recurrent bleeding and poor performance status and 20 patients with recurrent superficial bladder TCC had Thulium/Holmium ablation. Mean tumour size was 3cm. Intravesical levo-bupivicaine and lidocaine gel was given pre-procedure. 50 ml syringe was used through the flexible cystoscope to empty the bladder and introduce 200-300 ml of air. Regular smoke evacuation was done. 10-20 watts power was used for muscle invasive tumours and 5-10 watts for superficial tumours. The mean operative duration was 20 minutes.

Results: The procedures were well tolerated with no intra or post-operative pain or haematuria. 3 month check cystoscopy showed no recurrence in all superficial cases. In the palliative group, the procedure had to be repeated in 3 months to ensure local control.

Conclusions: Using air for cystodistension has proven to be safe allowing fast vaporisation of large bladder tumours under local anaesthesia. It helped to improve visualisation in bleeding tumours, and easily reached tumours which would be difficult with a resectoscope.

1077: HEALTH-RELATED QUALITY OF LIFE (HRQOL) OUTCOMES IN MEN TREATED WITH LAPAROSCOPIC RADICAL PROSTATECTOMY (LRP) FOR LOCALISED PROSTATE CANCER

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Introduction: LRP results in good survival rates, however treatment can have adverse effects. With current emphasis on quality of life of cancer patients it is important that HRQoL issues are carefully examined. The FACT-P (Functional assessment of cancer therapy prostate scale, Cella et al. 1993) was used to prospectively assess HRQoL effects of LRP in the first year of treatment.

Methods: The FACT-P was administered to patients before and 1-year post-LRP between January 2010 and October 2011. The questionnaire consists of 27 core items, which assess patient function in four domains: Physical, Social/Family, Emotional, and Functional well-being, and 12 site-specific items assessing prostate-related symptoms.

Results: 175 patients underwent LRP in the study period. Completed forms were returned by 42% (n=72). The mean score pre and post-treatment for the FACT-P questionnaire was 100.3 (s.d.10.7) and 103.0 (s.d.13.6) respectively, which demonstrates slight improvement post LRP (t-Test: p=0.036). These improvements were noted particularly in the emotional and prostate cancer specific domains.

Conclusions: Overall our study shows slight improvement in HRQoL following LRP. HRQoL assessment can be used for counselling patients undergoing prostatectomy with regards to long-term expectations. Therefore we conclude that this tool should be used routinely in prostate cancer management.

1137: INTRAVESICAL BACILE CALMETTE GUERIN IN HIGH-RISK NON-MUSCLE INVASIVE BLADDER CANCER: PATIENT OUTCOMES AND ADHERENCE TO EUROPEAN ASSOCIATION OF UROLOGY GUIDELINES

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Introduction: To assess compliance with European Association of Urology (EAU) guidelines in managing high-risk non-muscle invasive bladder cancer (NMIBC) with intravesical Bacile Calmette Guerin (BCG), and to evaluate patient clinical outcomes.

Methods: A retrospective analysis was carried out, with local Trust approval, on 50 patients newly diagnosed with high-risk NMIBC, between 2011 and 2013. All patients receiving intravesical BCG were included. Those unfit for BCG and choosing not to receive BCG were excluded. Timing, dosing and clinical outcomes were evaluated.

Results: Recurrence was defined as a single recurrence of tumour of similar or lower grade or stage; progression was defined as multifocal tumour recurrence, new carcinoma in-situ, upstaging, metastases, or disease-specific mortality. 41/50 patients commenced BCG after MDT discussion. 4/41 did not tolerate BCG induction due to side effects, 3 of which suffered recurrence or progression. 5/41 had recurrence or progression within the BCG induction period. 23/41 were recurrence or progression free; 3 and 4 patients suffered recurrence or progression respectively despite BCG; 2 patients stopped BCG prematurely due to a National shortage.

Conclusions: Current patient management at our centre adheres to EAU guidelines. Moreover, intravesical BCG appears an effective agent in the reduction of high-risk NMIBC recurrence and progression.

1175: TURBT – DO JUNIOR TRAINEE (ST3) PERFORMED RESECTIONS COMPROMISE QUALITY?

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